

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/598026

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------------|------------------------------------|------------|------------------------------------|------------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | 1 | | | |
| 2 | 1 | | 1 | | | |
| 3 | 1 | | 1 | | | |
| 4 | 3 | | 1 | | | |
| 5 | 0 | | 1 | | | |
| 6 | 0 | | 1 | | | |
| 7 | 0 | | 1 | | | |
| 8 | 0 | | 1 | | | |
| 9 | 0 | | 1 | | | |
| 10 | 0 | | 1 | | | |
| 11 | 1 | | 1 | | | |
| 12 | 1 | | 1 | | | |
| 13 | 2 | | 1 | | | |
| 14 | 2 | | 1 | | | |
| 15 | 0 | | 1 | | | |
| 16 | 1 | | 1 | | | |
| 17 | 0 | | 1 | | | |
| 18 | 0 | | 1 | | | |
| 19 | 0 | | 1 | | | |
| 20 | 0 | | 1 | | | |
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| TOTAL IND. | 3 | ↓ | 2 | ↓ | | ↓ |
| TOTAL DEP. | 22 | ← | 19 | ← | | ← |
| TOTAL CLAIMS | 25 | [REDACTED] | 21 | [REDACTED] | | [REDACTED] |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------------|------------------------------------|------------|------------------------------------|------------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | ↓ | | ↓ | ↓ |
| TOTAL DEP. | | ← | | ← | ← | ← |
| TOTAL CLAIMS | | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |